mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. . Every item WITH UNFADING INK-THIS IS A PERMANENT RECO properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be B.—WRITE

V. S. No. 1

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Falbot Co	Registration Dist. No. 290
Village of City Caston Md	ND. St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frederick Rowland Bartlett	If U.S. Veteran specify WAR
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
me While marrison	(Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended daceased from
(or) Willed Dorothy M. Goldsberough Soutlett	Doebuiles 1933 to May 3 1936
6. DATE OF BIRTH (month, day, and year) Quantage 18, 1875	I last sew h alive on; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the dete stated above, at 350 P. m.
60 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trede, profession, or particular	Date of officer
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic myocarditis. 1933
industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (yeers) this occupation (month and yeer) yeer) 11. Total time (yeers) spent in this occupation	
B.T. TATE A. A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arteris selevois
13, NAME Color C. Quitlett	The state of the s
13. NAME John C. Battert  14. BIRTHPLACE (city or town) Eastern, Many Cand	Nama of operation Mone Oate of
(Stete or country)	What tast confirmed diegnosis? Phy. Rau. Was there an autopsy? W
15. MAIDEN NAME Wattle trans Woodall	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
I	Accident, suicide, or homicide?
16. BIRTHPLACE (city or lown)	Where did Injury occur?
17. INFORMANT Paulie de 183. Thomas	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) East on Ma	Manner of Injury
Place Easton, Md Data Mary to The 1936	Nature of injury.
19. UNDERTAKER ALLOWS Of Stormer'	24. Was disease or injury in eny way ralated to occupation of daceased?
(ADDIESS) Sasking Final	If so, specify V
20. FILEO 5/4 , 186 77 A. Merries. Registrar.	(Signad) Nollham for summors M. (Address) Easton ms
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUN 5 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ė.	te	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
)	WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	UP	1
	n of	pino	000	1
	iter	Ssh	of	1
	very	IANS	ment	
	D. E	SIC	tate	
	CC	PHY	ict s	
	RE	Y.	Ex	
C	LENJ	TL	ied.	
	MAN	AC	assif	
BIL	PER	EX	ly cl	ite.
MARGIN RESERVED FOR BINDING	SAI	ated	oper	TION is very important. See instructions on back of certificate.
E C	SIS	e st	e pr	f cer
Œ	LHI	q p	y b	k 0
ER	K	houl	t ma	bac
ESS	K	Es	at i	s on
M Z	ING	A	so th	ction
3GI	FAL	lied.	ms,	stru
MAI	ND	ddns	1 ter	ee in
	ITH	ılly	plain	3
	Y, W	arefu	H in	rtani
No. 1		pe c	EATI	m po
1	LAI	pln	F DE	ery i
)	E	sho	E 0]	is ve
	VRIT	tion	SOV	NO
No. 1	A T	ma	6	1

STATE OF MARYI	LAND-	CERTIFICATE OF DEATH	0
1. PLACE OF DEATH		(35.2) × 3.44	U
County Talkot		Registration Dist. No. 293	1
Village or City Lewistaine	(lf	No. St., death occurred in a hospital or institution, give its NAME instead of street and au	Ward
Length of residence in city or town where death occurred		ds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Henry Bridge		If U.S. Veteran specify WAR	
(a) Residence: No. (Usual place of a	bode)	St., Ward.  If nonresident give city or town and St.	tate
PERSONAL AND STATISTICAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (7	write the word)	21. DATE OF DEATH (Month) (Day)	193 <b>4</b>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Raymond Br.	djui	22. HEREBY CERTIFY, That I attended de	
6. OATE OF BIRTH (month, day, end year) Fel 12	862	I last saw h some alive on May 1936;	deeth is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, a 2 m.  The PRINCIPAL CAUSE OF OEATH and related causas of importances	
74 9 4 0	ormin.	ware as follows:	Date of one of
Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which		- Fangrene Bilotal J.	1756
work was done, as SILK MILL, SAW MILL, BANK, etc.		Discool	135
11. Total time spant in occupation (month and series)	this		
12. BIRTHPLACE (city or town) Lew York Accountry)	-	Other Contributory Causes of Importance:	
13. NAME Jeseph Beidge			
14. BIRTHPLACE COUNTY) Love Line		Name of operation Date of	
(State of country)		What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)		23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?Oate of injury	19.
(Stete or country)		Where did Injury occur?	
17. INFORMANT Janois Baynard Bred (Address) Sweethern md	<u> </u>	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Placa Massat Dieses Oata Oata	9,19.73.4	Manner of injury	
19. UNDERTAKER fames a openes (Address)	ma.	24. Was disease or injury in any way ralated to occupation of deceased?	
20, FILED \$1.8- , 1936. J. L. Sardin	Registrar.	(Signed) (Address) (Address) (Address)	M. O.
		/-/-/	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   DUKEAU V. S.	July 5, 1927	Peritonitis	3 days ago
	A .		
Other contributory causes of importance:		Other contributory causes of importance:	197
Gallstones	May 1,1923	Gastroenteritis	1 year
		(	

V. S. No. 1

1. PLACE OF DEATH	11+	34	X	. 181
County	C-64.		Registration Dist.	No. 27
Village or City  Length of residence in city or town when		No.  If death occurred in a horpital or institution		
	y deeth occurredyrs	sds. How long in U.S. If of f	oreign birth!	.yrs mos
2. FULL NAME I Just	and Dayy	ckr /	<b>V</b>	
(a) Residence: No.	zman the	restland Ward.	^	
PERSONAL AND STATIS	(Usual place of abode)	A MEDICAL CE		ity or town and State
SEX. 4. COLOR OR RACE	1		RTIFICATE OF	DEATH
The state of the s	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Mord)	21. DATE OF DEATH	how "	7 1936
nale Colored	Dengle (drefe	(	(Month)	(Dey) (Yaar)
If married, widowed, or divorced HUSBAND of		22. I HEREBY	CERTIEVI	hat I attended deceased for
(or) WIFE of		Thay 8	36 10 7/	car 9. 10 3
DATE OF BIRTH (month, day, end year)	Marca 8 1936	I last saw hard alive on	May 8	19.36; daeth is
AGE Yaars Months	Days   If LESS than	to have occurred on the data stated a	bova, et 4 30	
	1 dey,hrs	The PRINCIPAL CAUSE OF DEATH	and related causes of it	mportance
8. Trede profession or particular	ormin.	were es follows:		Date of on
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			1 200	N
9. Industry or business in which		Congranta	n gree	2 May
work was done, es SILK MILL, SAW MILL, BANK, etc				14.3
10. Data deceased last worked at this occupation (month and	11: Total tima (years) spant in this			
yaar)	occupation			
2. BIRTHPLACE (city or town)	zman	Other Contributory Causes of Importa	nce:	
(State or country)	alando			
13. NAME Meller 14. BIRTHPLACE (city or town) Plan	Reaks			
14. BIRTHPLACE (city or town) Plan	la dolphia	Name of operation	/	D. C C
(Stata or country)	en a college de la college de		1/2-0	Date of
15. MAIDEN NAME S- L.	11. 1 R. 1	What test confirmed diagnosis?		Was there an europsy?6
6	virgina swort	23. If death was due to external causes		
16. BIRTHPLACE (city or town)	San de	Accident, suicide, or homicide?	Dete of	rinjury, 19
0	2 1/2	Where did injury occur?	(Specify city or town.	county and State)
INFORMANT Carelo	noops	Specify whether injury occurred in 17	IDUSTRY, in HOME, or	r in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	maryland	4		
Place De suur	Date Stary 10 1936	Manner of injury		
60	5 0	Nature of Injury		
. UNDERTAKER	6 Srooks	24. Wes disease or injury in eny wey	related to occupation o	f deceased? NO
(Address) Boysu	an Med	If so, specify	(0)	-/
1. FILED Stay 10, 19310 Jos	m Havwalle	(Signed)Thele	1000	euro M
		(Address)	-1'. 1//	11 11 11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritisR E C E	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 5448
County Talbax	Registration Dist. No. 29/
Village or City Boyn (1	NoSt,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME  (a) Residence: No.  (b) Length of rasidenca or city or town where death occurred the year. I would be a second to the control of the year. I would be a second to the control of the year. I would be a second to the yea	s. Z. ds. How fong In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH hay 22 , 193 6 (Months (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blame Brook  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I attanded decassad from  Thay 20, 1936, 10 May 22, 1936  I last saw has aliva on Thury 21, 1936; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)  11. Total time (years) spant in this occupation	Complicated by tentomites
12. BIRTHPLACE (city or town) Jalbat Lor (State or country) Boman Mu  13. NAME Delle Broad	Other Contributory Causes of importance:  Ohas Consulpations
13. NAME  14. BIRTHPLACE (city or town).  (State or country)	Name of operation Novel Date of What test confirmed diagnosis? Novel West here an au'opsy?
15. MAIDEN NAME Judy Parmille 16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT Dlama Broad Broad (Address)	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Day Date May 25, 19 31	Manner of injury
19. UNDERTAKER A. Manhar (Addiess) At mahar M 20. FILED May 25, 1936 John Hurwald	24. Was disease or injury in any way related to occupation of deceesed? NO  If so, specify  (Signed) M. D.
If more blanks are needed, address State Resulting	(Address) A Museum Paragraph (All Care

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FCEIVEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is E	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 " 1	July 5,1927	Peritonitis	3 days ago
	WIREAU V. S.			
Other contributory caus			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 544	19
1. PLACE OF DEATH	(B) 20	
County Jackse	Registration Dist. No. 890	
Village or City Lacloy Ma	ford mergeen Hobeles	Ward
	feath occurred in a horpital or institution, give in NAME instead of street and number 13. ds. How long in U.S. in of foreign with?	er) ds.
ma . 1/ G.	M If U.S. Yeteran specify WAR. Manl.	
(a) Residence: No. Asasamulule Male (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE/ S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Manth)  (Day)  193	(Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Madeleal Starkey	22.   HEREBY CERTIFY, That I attended decea	
6. DATE OF BIRTH (month, day, end year) / 1871	I last sew h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	th is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
65 45 - 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	to of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Myseardies 57	128/30
10. Date deceased last worked at this occupation (month and yeer)	•	
12. BIRTHPLACE (city or town) Sugrassible md. (State or country)	Other Contributory Canses of Importance:	
	obstruction	
14. BIRTHPLACE (city or town) Grashwille ma	Name of operation Brasileleloung Dete of S. 2	036
(State of country)	What tast confirmed diagnosis? Was there en eu'ops	347.40
I I I I I I I I I I I I I I I I I I I	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?	10
16. BIRTHPLACE (city or town) Was Fuffell (Stete or country)	Where did injury occur?	14
17. INFORMANT Mrs. Mary Mulleken (Address) Grasmfulle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Date 6/2 1936	Manner of injury	
Arri Bart Dans	Nature of Injury	1
19. UNDERTAKER AND CARLES MA	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 5/3/ 1936 7. J. Newsies	(Signed) Withdriver	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephrites N 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Tallot	Registration Dist. No. 290
Village or City Caston, Mayland	No. 1 St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 16 yrs	
2. FULL NAME Heaver Washington Bur	
(a) Residence: Np. Caston. And.	St. Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widower	21. DATE OF DEATH May 24 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (an) MUSE of Colich C. Bust	22. THEREBY CERTIFY. That I attanded deceased from 1936 to May 2 4 1936
6. DATE OF BIRTH (month, day, and year) Dec. 12, 1850	Hast saw him alive on may 2 4 19.36 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10 2 Pm.
85 6 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and spent In this spent In this	Chronia In Cusultal Control of the C
year) oscupation  12. BIRTHPLACE (city or town) Pollus County, (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) New York State	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Caroline Wagner	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Pennsylvania State	Accident, suicide, or homicide?
2 (State or country)  17. INFORMANT Fred Linix (Address)  Caston, Mad.	Where did Injury occur?(Specify city or town, county and Stata) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Mysses Century Date May 28, 19.36	Nature of injury
19. UNDERTAKER CALL AND TOTAL (Address)	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED 5/25, 19-36 Mark Merry Registrar.	(Signed) (Address) A A A A A A A A A A A A A A A A A A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis: A E C E I V E D	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorringe JUN 5 1935	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1. PLACE OF DEATH

20. FILED Your

STATE OF MARYLAND—CERTIFICATE OF DEATH

Dats of onsst

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as foll-	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(131)	
County Jallat	Registration Dist. No. 390	
Village or City Easton	No	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos	de
2. FULL NAME James allyst Ca	Language Comment	111
	If U.S. Veteran specify WAR X JAMMAN - LANN	******
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1
male white marked (write the shord)	(Month) (Day) (Yes	
5a. If married, widowed, or divorced HUSBAND of		
(or) tille of Elinabeth a. Cox	22. HEREBY CERTIFY, That I attended doceased	from
E DATE OF DIPTH (month decorated)		26.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h	s said
62 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade, profession, or particular	were as follows:	
kind of work done, as SPINNER, wood - warker	Munual Munducal Nepura 19	27
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
	#	
11. Total time (years)  this occupation (month and year)  year)  11. Total time (years)  spint in this occupation / 4		
oc. upanon 7-1	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)	Milesal monfreeency 193	0.
	attuselunts 1 19 to	9
JAN 1010 TO TO		
14. BIRTHPLACE (city or town) 11 (State or country)	Name of operation Date of Date of	
	What test confirmed diagnosis? Wes there an au opsy?_	10.
700,0,0,0,0	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_	
Marine C-1	Where did injury occur? (Specify city or town, county and State)	
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Easton Date 5/16,1936	Nature of injury	
19. UNDERTAKER Maurice & Newmann & Son	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Euston md.	If so, specify ALCO 2+	
20 EUED 5/14 1036 71 H. MOIN	(Signed) All Moreus	M D
20. FILED 3	(Ardress) & Batan Mid	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage HIAI 5 1938	July 5,1927	Peritonitis	3 days ago
BURFAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING YON is very important. See instructions on back of certificate. -WRITE PLAN V. S. No. 1 N. B.-

Length of residence in city or jown where death occurred a tyrs.  Length of residence in city or jown where death occurred a tyrs.  Mow long in U.S. If of foreign birth?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wrig the word)  St. Ward.  LIFT U.S. Veteran specify WAR.  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I. HEREBY CERTIFY. Thet I attended daceased (Month) (Day)  (Yee MUSBAND of Or) Wife of Comments of the word of the	STATE O	F MARYLAND—	CERTIFICATE	OF DEAT	IH O	100
Village or City  Length of residence in city or Jown where death occurred a tyrs.  Mo.  St.,  (If death occurred in a horpital or institution, give its NAME instead of street and number)  A. How long in U.S. If of foreign birth?  If U.S. Veteran specify WAR.  St.,  Ward.  If nonresident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  22. I HEREBY CERTIFY, Thet I attended daceased with a dive on many fine to have occurred on the dete stated above, at all fine or many fine to have occurred on the dete stated accessed of mportance were as follows:  Saw Mill, BANK, etc.  9. Industry or business in which work done as SPINNER, SAW MILL, SAW MILL, BANK, etc.  10. Date of BIRTH (work done, as SPINNER, SAW MILL, SAW MILL, BANK, etc.  11. Total time (years)  12. DATE OF DEATH  13. SAW MILL, BANK, etc.  14. Or min.  15. SINGLE MARRIED, WIDOWED, OR DEATH and related causes of importance were as follows:  16. DATE OF BIRTH (month, day, and year)  17. AGE  18. Trade, profession, or particular kind of work done, as SPINNER, SOIGNES:  19. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc.  19. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc.  19. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc.	1 10 5		-50	Registration Di	st. No. 2	90
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DWORCED (wrig the word)  1. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  1 last yaw h. M. alive on many fine dete stated above, at Many fine as follows:  The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:  9. Industry or business in which work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasaed data set worked at 11, Total time (years)  10. Date daceasaed data set worked at 11, Total time (years)	- OF			tion, give its NAME i	st.,St.,	Ward number)
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DEVORCED (write the word)  5a. If marriad, widowad, or divorced HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work adone, as SILK MILL, SAW MILL, BANK, etc.  11. Total tima (years)  12. DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  1 last saw h. L.M. alive on 193.0. ideath is to have occurred on the dete stated above, at particular were as foliows:  Detect  On Control of the decade and a single of	ANT NA	ath occurred 3 eyrs, mos.				osds.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DWORCED (wrighthe word)  5a. If marriad, widowad, or divorced HUSBAND of (or) WiFe of (or) W					A	State
OR DWORCED (write the word)  5a. If marriad, widowad, or divorced HUSBAND of (or) Wife of Carroll Sulling  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPER, etc.  10. Date dacassad last workad at  11. Total tima (years)	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
5a. If marriad, widowad, or divorced HUSBAND of (or) WiFE of Carroll Scales (or) WiFE	3. SEX 4. COLOR OR RACE		21. DATE OF DEATH	as-	30	
HUSBAND of (or) WIFE of Carroll Scales  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacassad last workad at 11. Total time (years)	5a, If marriad, widowad, or divorced	-		(Month)	(Day)	(1661)
7. AGE  Years  Months  Days  If LESS than  I day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacassad last worked at  11. Total time (years)	HUSBAND of	Sulin	22. IHEREBY	CERTIFY, 1935, to 7	Thet I attanded	daceased from
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaasaad last workad at 11, Total tima (years)	6. DATE OF BIRTH (month, day, and year)	118/81	I last saw h_LN_ alive on	may,	19 9 19.36	_; death is said
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacasaed last worked at 11. Total time (years)		1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	1/4		
9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BROKKEPER att.	Banacus A		a 1 the 1	reast	- Dete of onset
10. Date dacaasad last workad at 11. Total tima (years)	9. Industry or business in which work was done, as SILK MILL,	_				
year)occupation		spent in this				-
Other Contributory Causes of importance:  12. BIRTHPLACE (city of town)  (State occumity)  Muares Caused		Rand	Other Contributory Causes of Impo	irrance:		
13. NAME See See See See See See See See See Se	H 13. NAME of Les,	Michael.				-
What test confirmed diagnosis? Wes there en eulopsy?	(State of country)	4				
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  16. Citete or country)  17. MAIDEN NAME  23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  19. Maident was due to external causes (VIOL ENCE) fill In also the following:	15. MAIDEN NAME	Mr. nelson				
O 16. BIRTHPLACE (city or town)  (Stete or country)  Where did injury occur?  (Specify city or town, county and State)	(Stete or country)	ed ,				
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)		Dufu.	Specify whether injury occurred in	n INDUSTRY, In HOM	E, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAL  Place Date 23-3 , 19-36  Nature of Injury	18. BURIAL, CREMATION, DR REMOVAL	Date 3/33 ,1936				
19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased? NO.  (Address)  If so, specify		Bener!	24. Was disaase or Injury in any w	ay ralatad to occupati	ion of deceasad?	no
20. FILED 5/21., 1936 A. Alires (Signed) Nelleau D. Seymond (Address) Caston And	20. FILED 5/21 , 19.36 27.	A. Meries Registrar.	8	en D, Re	md.	₩. D

Dist Ello

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	is .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			The state of the s	talian un

|--|

	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5454
	of infor-	1. PLACE OF DEATH	122-00
_	of pla	County Fallot	Registration Dist. No. 290
	1 5 3	Village or City Easton	No. Emeraguey Assital St. Ward
1		(If	death occurred in a horpital or institution give its NAME instead of street and number)
	Every MANS ment	You O	.A. 12 ds. How long In U.S. If of foreign blrth?yrsmosds
	CI CI E	2 FULL NAME //frs Unnie odgell	If U.S. Veteran specify WAR.
	D. Every YSICIANS statement	(a) Residence: No. Wenton Maryland (Usual place of abole)	St., Ward.
		PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	REC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED,	21. DATE OF DEATH
	E X	Tomale White OR DivorceD (write the word)	1/ay 28 1936
NG	T I led.	5a. If married, widowed, or divorced	(Months (Day) (Year)
BINDING	A C 7	HUSBAND OF Res les III Edge I doid	22.   HEREBY CERTIFY, That I attended deceased from
Z	KW X cla	0 201 1216	11 lay & S 1936, to 1 nay & 1936
M	IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h
OR	IS A I stated proper ertifica	1. 9 G U 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F		8. Trade, profession, or particular	were as follows:
A	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Intesteus chatruation 1/12 2
VED	ould may back	9. Industry or business in which work was done, as SILK MILL,	172
ER	<b>X E</b>	SAW MILL, BANK, etc. Jun Yome	
RESER	0 + 10	0. Date deceased last worked at this occupation (month and year)	
R	NFADING I oplied. AGE erms, so that instructions o	O O O	Other Contributory Causes of Importance:
Z	DID So ucti	12. BIRTHPLACE (city or town) (State or country)	71
MARGIN	UNFA supplied n terms, ee instri		Merrie Tentral. Strangelales \$15/23
AI		E	Restant Tours
Z	H .= 70	4. BIRTHPLACE (city or town) (Sigle or country)	What test confirmed diagnosis? Classification. Was there an autopsy?
	5 = 5	# 15. MAIDEN NAME PO LEGA CHUL RECOMMENDE	What test confirmed diagnosis? What test confirmed diagnosis? Was there an au'opsy? Was the following:
		15. MAIDEN NAME Te beca the Abelian	Accident, suicide, or homicide?
4	Id be car DEATH y imports	State or country)	Where did injury occur?
	L be EA'	17. INFORMANT Systaw + Toda	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Should OF D	(Address) De In Md P. V.	
T	A- 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
1	-WRIFFE mation s CAUSE FION is	Place 0	Nature of injury
-	-WRITE	19. UNDERTAKES / Terumplem Son.	24. Was disease or injury in any way related to occupation of deceased? 40
No.	B	(Address) recleralshore md.	If so, specify
53	7(1)	20. FILED 5 28, 1936 N. St. Newis	(Signed) , M , Value , M. [
	-0	Registrar.	(Address) Coalou his
		15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	e f i v oru	July 5,1927		3 days ago
	[			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	The Miles and the same	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
---

BINDING MARGIN RESERVED carefully p important. DEATH plnous OF

LION

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMAN

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?\_\_\_

(Address)

Manner of Injury Nature of Injury

If so, specify

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_\_

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or Injury In any way related to occupation of decased?....

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	il i	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	E PARIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:	4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Ä

Length of rasidence in city or town whare deeth occurred yrs mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR ALVORCED (write the word)  If married, widowed, or divorced	Registration Dist. No.  No.  No.  No.  St., Ward.  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  Month)  (Oay)  I HEREBY CERTIFY, That I attended deceased from
Village or City	No. St., Ward.  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  Month) (Oay)  Marc.  St., Ward.  Month) (Oay)
(If death Length of rasidence in city or town whare deeth occurred yrs mos.  2. FULL NAME (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  If married, widowed, or divorced	St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month) (Oay)  193  (Yaar)
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winte the word)  If married, widowed, or divorced	St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month) (Oay)  (Yaar)
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  If married, widowed, or divorced	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month) (Oay)  (Yaar)
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR ALVORCED (write the word)  If married, widowed, or divorced	MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Oay)  (Yaar)
OR IVORCED (write the word)  If married, widowed, or divorced	(Oay) (Yaar)
If married, widowed, or divorced	Al contract of the contract of
(or) WIFE of	2 2/ Maga 9 3/
DATE OF BIATE (MONTH, day, and year)	last saw h salive on 2007 6 , 19 26, death is sai
1 da Zhrs. Th	have occurred on the date stated above, atm.  the PRINCIPAL CAUSE OF DEATH and related causes of Importence are as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	and welefith lung
work was done, as SILK MILL, SAW MILL, BANK, etc	
	ther Coutributory Causes of importance:
13. NAME Della Colinay	
(State or country) Wh	ame of operation
11.11.	If death was due to external causes (VIO)_ENCE) fill in also the following: ccident, suicide, or homicide?
(State or county)	here did injury occur? (Specify city or town, county and State)
(Address)	pecify whether Injury occurred in NDÚSTRY, In HOME, or In PÚBLIC PLACE.
no tan here	ature of Injury.
ONDERTAILE	. Was diseese or injury In any wey releted to occupation of deceased?
FILEO. May 9., 1936 97 Janes	(Signed) (Address) M.

RAFO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1111 (1 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U.S. Yeteran apecify WAR..... PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWEO. OR D. VORCED (write the word) (Month) BINDING 5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than to have occurred on the dete stated above, et. 1 day.\_\_\_\_hrs. 5 or .... min. Trade, profession, or particular RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ... Date deceased last worked et 11. Total time (years) this occupation (month and spant in this that GE oc:unation MARGIN 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ----- Was there an au opsy?. MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide? (State or coun'ry) Where did injury occur? \_\_\_. (Specify city or town, county and State) Specily whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. (Address) If so, specify. (Address) \_ f more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

That I attended deceased from

(Oav)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a glerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, as a syria, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example La		Example II	
The principal cause of death and related causes of importance were as follow:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5460
1. PLACE OF DEATH	1820 Dr newnan
County Jakket 1	Registration Dist. No. 2 90
Village or City Cualbel (III	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	How long in U.S. If of foreign birth?mosds,
2. FULL NAME frauely Mid	agewell
(a) Residence: No. Qual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the stort)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Gray 8 1936, to May 5 1936
6. DATE OF BIRTH (month, day, end yeer) June 10-19:	Fast saw h im alive on May 5 1986; death is sald
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, etm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tranchoprouments ony 1930
9. Industry or business in which work wes done, as SILK MILL,	The brone be apolumo bear was preserve. I
SAW MILL, BANK, etc	Malmelilian
this occupation (month and year)	
12. BIRTHPLACE (city or town) CANDEL	Other Centributory Causes of Importance:
(State or country)	9
14. BIRTHPLACE (city or town)	(
14. BIRTHPLACE (city or town)	Neme of operation Dete of
E 15. MAIOEN NAME Mary	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT 7044 CONGRESS	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Plece	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in eny wey related to occupation of deceesed?
20. FILED 51-5 , 19 3 6 M. H. Mens. Registrar.	(Signed) (Signed) M. D. (Address) (A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 5 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILEO 5

m

	OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 5461  Registration Dist. No. 290
	or City Contact		No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Res	sidence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERS	ONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If marriad, v HUSBANO (or) WIFE		-	22. I HEREBY CERTIFY. Thet I attended dacassed from
7. AGE	Years Months  profession, or particular of work done, as SPINNER, (VYER, BOOKKEEPER, etc.	Days If LESS than 1 deyhrs.	I last saw h
- Industry	y or businass in which k was dona, as SILK MILL, V MILL, BANK, atc		8 moutes
12. BIRTHPLAC	eceased last worked et occupation (month and	11. Total time (years) spent In this occupation	Other Contributory Causes of Importence:
	r country)	Burne	-
	LACE (city or town)	elit es	Name of operation Oete of What tast confirmed diagnosis? Was there en autopsy?
	NAME NETT IN THE PROPERTY OF T	e Stanford	23. If death was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

If so, spacif

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5462
1. PLACE OF DEATH	510 . 20
County lalbata h.	Registration List. No. 290
Village or City (ASTVA IVA	No weigency Dispital st., ward
	death occurred in a horbital or institution, and its NAME instead of street and number)  ds. How long in U.S. If or foreign birth?yrsmosds.
2. FULL NAME SEE STATE OF THE S	MA If U.S. Veteran specify WAR.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced of	(Month) (Day) (Yaar)
HUSBAND of Cor WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	May 5 ,19 86, to May 5 ,19 86
6. DATE OF BIRTH (month, day, and year)	I last saw h imv eliva on May 5, 1935; death is said
7. AGE Years Months Day's If LESS than 1 day,hrs.	to have occurred on the date stated above, allim.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
88 2 2 ormin.	ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Claule Condiac for hime 1956.
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Carcinoma of Prostate 1934
	will Secondary milesus
10. Date dacaased last worked at this occupation (month any yaar)	f sofranation 1
12. BtRTHPLACE (city or town)	Othar Contributory Causes of importance:
(State or country) Rew Leve	Senilife
13. NAME Charles Startides	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of oparation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME / Carlot Celebrate out	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Men tudoras Chiefly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De le la Date Date 19 3	Nature of injury
19. UNDERTAKED ALLES CL. Pasparene	24. Was disaase or injury in any way ralated to occupation of decaased?
(Mouress) Easton Find,	If so, specify
20. FILED 5 16 , 19 36 NJA .   leves Registrar.	(Signad) (Address) M.D. (Address) M.D.
If more blanks are needed, address State Registrar,	24.11 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial rephritis 111 5 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE C	OF	DEATH	5463

1. PLACE OF DEATH	<u> </u>
County Sallest	Registration Dist. No. 290
Village or City Gaston	No. 6 Mer gruss Hospital St., Ward f death occurred in a hospital or institution, give its MAME instead of street and number)
	sds. How long in U.S. W of foreign birth?yrsmos,ds.
2. FULL NAME / Drs. Susan Stores	If U.S. Veteran specify WAR
(a) Residence: No.   Prine Md. 0	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Female White Widowed	21. DATE OF DEATH  May 24  (Month) (Day) (Year)
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of William J. Storey	1 HEREBY CERTIFY, That I attended deceased from 23 1936 to May 24 1936
6. DATE OF BIRTH (month, day, and year)	Hast saw hall alive on May 24 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3:34 pc.m.
72 7 2 1 day,hrs.	ware or follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupetion (month and spent in this Have	Seule Tangrene 41636
12. BIRTHPLACE (city or town) due une Co.  (Stata or country)	Othar Coutributory Causes of importanca:
	The second
13. NAME Washington Smith  14. BIRTHPLACE (city or town) (Stata or country)  Nelaware	Nama of operation Company And Andrew Was there an autopsy? No.
15. MAIOEN NAME Unknown	23. If death wes dua to external causas (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Culeurum  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANT William Storey (Address) Belair, Maryland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charles Date May 24, 193	Manner of Injury
19. UNDERTAKER DW + Llyood 1.	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED 5/ 8.5 , 19.36 7. H. Merrier. Registrar.	(Signad) M. D. (Address) Option M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR F	URTHER S	STATEMENTS	BY	PHYSICIAN
------------------------	----------	------------	----	-----------

d infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

	100
110	1.0
1.7	US

County Salva No. St., Ward  Village or City No. St., Ward  Length of residence in city or town where death occurred yrs. Mos. If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yrs. Mos. Is How iong in U. S. if of foreign birth? yrs. Mos. ds.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1. PLACE OF DEATH	10°1'00 X
Length of residence in city or town where death occurred yrs. Some solutions of the state of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town where death occurred yrs. Some solutions of street and number)  Length of residence in city or town and State  MEDICAL CERTIFICATE OF DEATH  Length of street and number)  Manual Street and number)  Length of street and number)  Manual Street and number)  Length of street and number)  Manual Street and number)  Manual Street and number)  Length of street and number of street and number of street and number of street and number)  Length of street and number of street an	County Sally	Registration Dist. No. 292
Length of residence in city or town where death occurred yrs. mos. 12 ds. How iong in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No.  (businglace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED ("urrise the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Cory WIFE of  Cory WIFE of  A SEX  1. DATE OF DEATH  (bonth)  (c) Day)  (c) Cory That I attended deceased from the cory of the cory		
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED ("urrisothe word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22.  1 HEREBY CERTIFY That I attended deceased from 19.36., to 19.36., to 19.36.	Length of residence in city or town where death occurredyrs	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  21. DATE OF DEATH  (Wonth)  (Day)  (Wonth)  (Day)  (Year)  22.  I HEREBY CERTIFY That I attended deceased from 19.36., to 19.36., to 19.36.	2. FULL NAME LAUREMA M COA.	(1) Berl \ Sutton
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended deceased from 19.36., to 19.36., to 19.36.		S. Wand.
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. DATE OF DEATH (bonth) (bonth) (Day) (vear)  22. I HEREBY CERTIFY That I attended deceased from May 7, 1936, to May 7, 1936	(Usual place of abode)	If nonresident give city or town and State
Fiem, Cal OR DIVORCED (ruris the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended deceased from 19.36., to Nay 7, 19.36.		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY That I attended deceased from May 0, 19.36, to 19.36	OR DIVORCED (write the word)	may / 193 6
(or) WIFE of May 67, 19.36, to May 7, 19.36	5a. If married, widowed, or divorced	
		100
6. DATE OF BIRTH (month, day, and year) (UCUA) 1 last saw h was alive on Nove 1, 1974; death is said	6. DATE OF BIRTH (month, day, and year) august 20th 1935	n. /the
7. AGE Years Months Days if LESS than to have occurred on the date stated above, at 1		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		were as follows:
8 Trade profession or particular	8. Trade, profession, or particular kind of work done, as SPINNER, SAMVER PROVVECEP PROFESSION OF THE PROVINCE PROFESSION OF THE PROFESSIO	( armolo peneumonia May 15)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  2. Industry or business in which work was done, as SILK MILL,  14. The bronche-prosumance was of fore-		
SAW MILL, BANK, etc	SAW MILL, BANK, etc	- many original - Carologo
year) Occupation Other Contributory Causes of importance:	year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town), War Inafala Md, (State or country)		
E Marilian II and I	The state of the s	
14. BIRTHPLACE (city or town)  State of country)  Name of operation  What test confirmed diagnosis?  Was there en autopsy?	(State or country)	
15. MAIDEN NAME Sladys Deutton 23. If death was due to external causes (VIOLENCE) fill in also the following:	15. MAIDEN NAME Gladus Dutter	
15. MAIDEN NAME Sladys Detton  23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or fown) Souph Mal Accident, suicide, or homicide?  (State or country)	I IS DIPTURIACE (AIR PROPERTY AND ALL MANA)	
▼ (State or country) Where did injury occur?	State or country)	
(Specify city or town, county and State)  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place & Quietery Burlier Date May 8 , 1936 Nature of injury	Place & Quellen Barber Date May 8 , 1936	
19. UNDERTAKER West School 19. Undertaker 24. Was disease or injury in any wey related to occupation of deceased?		24. Was diseese or injury in any wey related to occupation of deceased?
20. FILED Mar 8 1936 Joseph as too (Signed) & ellean & Sugmour M. D.	20. FILED May 8 1936 Hook after	(Signed) & ellean & Deymony M. D.
April Registrar. (Address) - Control of Address State Registrary 2018 N. Charles Street Religious Paragraph 31 S. No.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of importance	cause of death and related causes were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilep	BEREYO A. S. V.	1 week ago
Chronic interstitial nephritis	1921	Run over by stre	et car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	986I & NIII, 1	3 days ago
			DECEMEN	
Other contributory causes of importance:		Other contribu	tory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state D. Every item of infor-Exact statement IS A PERMANENT REC properly classified. FOR BINDING See instructions on back of certificate. Y, WITH UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLA

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	172-
1. PLACE OF DEATH	man 2 h	400
County (alVot	Registration Dist, No. 2	90
Village or City Question, YNd	No menguncy Hospital st.	Ward
Length of residence in city or town where death occurredmos	death occurred in a hospital or institution) give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME PRIVILES TOWNER	If U.S. Veteran specify WAR	
(a) Residence; No. DRIATUM. Md.	St. Ward.	***************
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	h
Male Mitt undouch	, (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of	22. C. I HEREBY CERTIFY That I attended	deceased from
THINNA IL TALLYTON OF	Uph 24 1936 10 May 14	19.36
6. DATE OF BIRTH (month, day, and year)	I last saw if MM. alive on May 19 76	; death Is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.	
3   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
A John Lindustry or business in which	tracture of life	424.50
CAW MILL PANK etc.	The contract of the contract o	7.50
10. Date decessed last worked et this occupation (month and year)		-
	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) \\\ (State or country)	Amort	
	Normany .	
13. NAME JOHN 1990	Name of operation Columbia of Lufs Date of	4-25-36
(State or country)	What test confirmed diegnosis? XRA Was there an a	utonsv? No
# 15. MAIDEN NAME LLA MORUN Holli Ray	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME LIN MOUN Holli day  16. BIRTHPLACE (city or town) - War was a second to the second t	Accident, sulcide, or homicide Cocyles Date of Injury 4-2	4 1936
(State or country)	Where did Injury occur? At thorne (Specify city or town, county and State	
17. INFORMANT MIS. H. M. 94 willow	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address)  18. BURIAL, CPEMATION, OR REMOVAL	2.00	
Place 1 1 100 Commence Mars 20 , 19712	Nature of injury Redei 1 Carlo	
0 91. 00 91.		10
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased?	
20 EUED \$120 1036 TAMOUR	(Signed) Welle auch / Turned	M. D.
20. FILED . 7	(Address) 2 aston ml	
	•	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į į	Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   1888 = 1000	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial gephritis  Control however have	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

•	em of infor-	should state	f OCCUPA.	1
	ECC., Every it	PHYSICIANS	xact statement o	
BINDING	PERMANENT R	EXACTLY.	ly classified. E	40
) FOR	SISA	e stated	e proper	Frantifica
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECOMD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is more immortant See instructions on hack of contificate
	-WRITE PLAINEY,	mation should be car	CAUSE OF DEATH	TION is now import
V. S. No. 1	N. B		5	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-22
County Jalool	Registration Dist. No. 292
Village or City Olfvid	NoSt.,Ward
Langth of residence In city or town whera death occurred 32 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. 11 of foreign birth?
2. FULL NAME Sevial de LA	urpul,
(a) Residence: No. / P. H. Mary M. M.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Juliana J. Nylla 1919	22. HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, day, and year) 29-1899	I last saw har alive on May 17 J., 1936; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated abova, atm.
56 5 + 15T ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onest
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPPER, etc.	The center mysecondition was coursed ? 13,
9 9 Midustry or business in which	-bu
work was done, as SILK MILL, SAW MILL, BANK, atc	fexposure recation. Duration: about
this occupation (month and the spent in this occupation.	town monthele Ourgest
La septent for	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Walling low Jurpen	Jan.
13. NAME 13. NAME 13. NAME 13. NAME 14. BIRTHPLACE (city or town). My 14. BIRTHPLACE (city or town). My 14. BIRTHPLACE (city or town).	Name of operation
(State of country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME SUSAN HARPEN	28 If death was dua to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. Victor or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Soule Resident	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date.	Manner of injury
V. hu h the allers	Nature of injury.
19. UNOERTAKER OF THE STATE OF	24. Was disaasa or injury in any way ratated to occupation of deceased?
(Addrass) English (Addrass)	If so, specify Against Ast Against the second of the secon
20. FILED May 16, 1936 Josef agos	(Signed) functions p. M. C. (Address) (Address) (Address)
of more blanks are needed, address State Registrar.	2411 N Charles Street Relimore Requesting 7) S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	.=		0	1
	b. Every	SICIANS	tatement	
	RECO.	Y. PHY	Exact s	
NDING	RMANENT	XACTL	classified.	
FOR BI	IS A PE	stated E	properly	certificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every it	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o	10N is very important. See instructions on back of certificate.
MARGIN	I UNFADIN	supplied. A	in terms, so t	see instructio
1	NEY, WITH	be carefully	SATH in plan	mportant.
D	WRITE PLAI	ation should	AUSE OF DI	ION is very i

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5
1. PLACE OF DEATH	- 59 Dr Lot
County albot	Registration Dist. No. 290
Village or City Mean Caston Mod	No. 11 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Constitution les	eles If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	3 7 ,193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of Pluellis, deel	22. i HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 3/23/47	i last saw harmalive on 5-7- 1976; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
89 / 12 day,hrs.	THE TRICET AL CAUSE OF DEATH and related causes of timportance
9 Trade profession or particular	Cerebral Hermorrhage 5-5-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Sineralized arterior levous 10 yr
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Dialetes mellitus 14 yrs!
Date deceased last worked at this occupation (month and year)	
	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME William Jarr	
Ξ ,	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Churca Was there an autopsy?
15. MAIDEN NAME LUEKWOOLEN	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
₹ (State or country)	Where did injury occur?
17. INFORMANT ada & Tratques er (Address) Santon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR SEMDVAL	Manner of injury
Place Sastorio Mod Date 5/9 1936	Nature of injury
19. UNDERTAKER James O. Shares	24. Was disease or injury in any way related to occupation of deceased?
(Address) Easton Ind	If so, specify 5
20, FILED 5-8 19 36 M. Al. Meine	(Signed) M. D
20, FILED Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	. 3	1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		2	

0	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

B.—WRITE PLAN

ż

V. S. No. 1

TION is very important.

M	infor-	state	UPA-	
	Jo 1	plnc	000	
8	item	she	Jo	
	Every	CIANS	ement	
4	9	YSI	stat	
	RECE	. PH	Exact	
ED FOR BINDING	HIS IS A PERMANENT RECED, Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCUPA-	
M	PE	E	rly	cate
FOR	IS A	stated	prope	of certificate.
ED	HIS	pe	be	Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5468
1. PLACE OF DEATH County Jalbot	Registration Dist. No. 293
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Jufant Milson	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wagie the word)	21. DATE OF DEATH May 10 - 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I altended deceased from 19 to 19 19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dato deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Mo doctor or anidwife in attendance.  Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)  13. NAME Hinfield Stewart  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	
(State of Country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lilly Hay Hulson  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address) Corder, Wid.  18. BURIAL, CREMATION, OR REMOVAL Wid.  Place New Low Dete. 5/2. 1936	Manner of Injury
19. UNDERTAKER Dan Hulson- Mil 1	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5/12. 19.36. J. L. Garden	(Signed) Ged (Sardner, Fred Vegetier M. (Address) Lordon M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	---------	------------	----	-----------